



NOTICE OF APPEAL FROM THE PRIMARY EXAMINER  
TO THE BOARD OF APPEALS

#10  
gnd

JAN 02 2003  
TECH CENTER 1600/2900

RECEIVED

Applicants: Terry B. Strom and Xin Xiao Zheng  
Serial No.: 09/576,944 Group Art Unit: 1644  
Filed: May 22, 2000 Examiner: P. Gamb  
Confirmation No.: 2729  
For: COMPOSITIONS AND KITS FOR TRANSPLANT TOLERANCE  
(As Amended)

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Assistant Commissioner for Patents, P.O. Box 2327, Arlington, VA 22202	
on <u>10/24/02</u>	<u>Kelley G. Farr</u>
Date	Signature
<u>Kelley A. Farr</u>	
Typed or printed name of person signing certificate	

Assistant Commissioner for Patents  
Box AF  
P.O. Box 2327  
Arlington, VA 22202

Sir:

Applicant hereby appeals to the Board of Appeals from the decision dated July 3, 2002 of the Primary Examiner finally rejecting claims 11-14 and 22-27. The item checked below is appropriate:

1. ☒ Applicant hereby petitions to extend the time for filing a Notice of Appeal in response to the Office Action Made Final dated July 3, 2002 for 3 months from October 3, 2002 to January 3, 2003.
2. ☐ A  month extension of time to respond to the Office Action Made Final dated  was filed on  with payment of a \$ fee.  
☐ Applicant hereby petitions for an additional  month extension of time to respond to the Office Action Made Final.
3. ☐ A Request for Oral Hearing before the Board of Patent Appeals and Interferences is being filed concurrently herewith.

12/31/2002 00000000 09576944

320.00 OP  
920.00 OP

01 FC:1401  
02 FC:1253

## 4. Fees are submitted for the following:

<input checked="" type="checkbox"/>	Extension of Time for 3 months		\$	<u>920</u>
<input type="checkbox"/>	Additional Extension of Time:			
	Fee for Extension	( <input type="checkbox"/> mo.)	\$	<u>          </u>
	Less fee paid	( <input type="checkbox"/> mo.)	- \$	<u>          </u>
	Balance of fee due		\$	<u>0</u>
<input checked="" type="checkbox"/>	Notice of Appeal		\$	<u>320</u>
<input checked="" type="checkbox"/>	Other <u>Extra Claims Fee</u>		\$	<u>168</u>
			TOTAL	<u><u>\$ 1408</u></u>

## 5. The method of payment for the total fees is as follows:

☒ A check in the amount of \$1408.00 is enclosed.

☐ Please charge Deposit Account No. 08-0380 in the amount of \$[            ].

Please charge any deficiency or credit any overpayment in the fees that may be due in this matter to Deposit Account No. 08-0380. A copy of this document is enclosed for accounting purposes.

Respectfully submitted,

HAMILTON, BROOK, SMITH, REYNOLDS, P.C.

By Deirdre E. Sanders  
Deirdre E. Sanders  
Registration No.: 42,122  
Telephone: (978) 341-0036  
Facsimile: (978) 341-0136

Concord, MA 01742-9133

Date: December 24, 2002